

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34825
State File No.
8825
Registrar's No.

FILED OCT 23 1948
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3838 Indiana Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

3: (a) PRINT FULL NAME GUSTAV WEIBLE

3: (b) If veteran, name war None 3: (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Augusta 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Oct. 24 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 15 hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Employee of Copper Clad

11. Industry or business Malleable Range Co.

12. Name Gustav Weible

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Amalie Rode

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Augusta Weible

(b) Address 3838 Indiana Ave.

17. (a) Burial (b) Date thereof 10-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 S. Kingshighway Bl.

19. (a) OCT 12 1948 (b) B. Zander
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State No. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3838 Indiana Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9
year 1948 hour 10:00 minute..... A.M.

21. I hereby certify that I attended the deceased from Jan 14, 1946 to Oct 9, 1948
that I last saw him alive on Aug 27, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Cornary Occlusion
Arteriosclerotic Heart Disease & Cardiac Enlargement
Duration 2 yrs.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. G. Schubert (M. D. or other) Dr. Fark
Address 3012 N. Broadway, St. Louis Date signed 11/10/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Edwin M. Dermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.